

SALARY GARNISHMENT

STD. 639 (REV. 5/2009)

**Reference Payroll Procedures
Manual Section H 300**

ATTACHMENT H-2 EXAMPLE 7

**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.**

DOCUMENT NUMBER

1. AGENCY NAME <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div>			4. POSITION NUMBER <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 15%; text-align: center;">(Agency)</td><td style="width: 15%; text-align: center;">(Unit)</td><td style="width: 15%; text-align: center;">(Class)</td><td style="width: 15%; text-align: center;">(Serial)</td></tr><tr><td style="text-align: center;">XXX</td><td style="text-align: center;">XXX</td><td style="text-align: center;">XXXX</td><td style="text-align: center;">XXX</td></tr></table>				(Agency)	(Unit)	(Class)	(Serial)	XXX	XXX	XXXX	XXX	
(Agency)	(Unit)	(Class)	(Serial)												
XXX	XXX	XXXX	XXX												
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX		3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX			6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE										
5. EFFECTIVE DATE 10/29/98		7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY													
8. GARNISHMENT TYPE (038) <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ _____ (Monthly Amount) \$ _____ (Deduction Amount per Pay Period)</div><div style="width: 45%;"><input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A)</div></div>						9. TOTAL GARNISHMENT AMOUNT									
B. (399/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271) \$ _____															
C. (399/003) <table style="width:100%;"><tr><td style="width: 15%;"><input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)</td><td style="width: 15%;">(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____</td><td style="width: 15%;">(2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE</td></tr></table>				<input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee) _____			(2) STANDARD DEDUCTIONS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 2 - MARRIED FILING JOINTLY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE							
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D. (399/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280) \$ _____															
E. (399/007) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125): \$ _____															
F. (399/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) \$ _____				10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. \$ _____											
11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)															
<table style="width:100%;"><tr><td style="width: 15%;">A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)</td><td style="width: 85%;">_____</td></tr><tr><td>B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)</td><td>\$ _____</td></tr><tr><td>C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT</td><td>\$ _____</td></tr><tr><td>D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)</td><td>\$ _____</td></tr></table>						A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)	_____	B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)	\$ _____	C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$ _____	D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)	\$ _____	12. WARRANT TO BE MADE PAYABLE TO	
A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)	_____														
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)	\$ _____														
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D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)	\$ _____														
13. REMARKS															
14. FORM COMPLETED BY COMPLETE				TELEPHONE NUMBER AND EXTENSION COMPLETE											
15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE <input checked="" type="checkbox"/> COMPLETE TYPED NAME COMPLETE				DATE											